
STATE OF IDAHO
SAFETY AND LOSS CONTROL PROGRAM MODEL

CHAPTER IX – TORT CLAIMS AND PROPERTY LOSSES

5. NOTICE OF CLAIM (TORT)

STATE OF IDAHO
NOTICE OF CLAIM

TO: Secretary of State
PO Box 83720
Boise ID 83720-0080

In compliance with Title 6, Chapter 9, the undersigned hereby presents a claim against the State of Idaho for damages arising out of an occurrence which happened as follows:

1. Date and Time: _____
2. Place or Location: _____
3. Cause of damages: (Describe the details and circumstances of the accident or occurrence.)

4. Witness:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
5. Amount of claim: \$ _____ (Attach all bills or other substantiating information as to the amount of claim.)
6. Personal Injury: (Please describe the extent of your injury, your attending physician, the place of emergency treatment, etc...)

7. Property damage: (Describe the property damage.) _____

Dated this _____ day of _____, 19 _____.

Name of Claimant _____
Street Address _____
City and State _____
Phone Number _____